

**SAMPLE CANCELLATION MEMORANDUM FOR NON-NNSA ELEMENTS**

MEMORANDUM FOR: INGRID KOLB  
DIRECTOR, OFFICE OF MANAGEMENT

THRU: KEVIN T. HAGERTY  
DIRECTOR, OFFICE OF INFORMATION RESOURCES

FROM: XXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SUBJECT: Request to Cancel (*identify directive number and title*)

BACKGROUND: (*Provide background information for the basis of the cancellation. Justify why it is necessary to cancel the directive. If applicable, state what supersedes the canceled directive.*)

IMPACT: (*State, if any, organizational impact on the cancellation of the directive. State if any cost savings or requirements will be remedied.*)

CONTACT: (*Please provide name and telephone number of the point of contact.*)

DECISION:

Concur: \_\_\_\_\_

Nonconcur: \_\_\_\_\_

Date: \_\_\_\_\_